

Kansas Department of Agriculture
Records Center – Fertilizer
109 SW 9th St
Topeka KS 66612

APPLICATION FOR REGISTRATION OF COMMERCIAL FERTILIZERS

Registration period
July 1, ____ - June 30, ____

**Registration fee of
\$25.00 per product**

For and on behalf of the applicant I, the undersigned, hereby authorize the Secretary of the Department of Agriculture or their authorized representative to examine all records of the applicant necessary for the purpose of verifying and determining the inspection fee due on commercial fertilizers to the state of Kansas.

Registration fee enclosed for _____ products (\$25.00/fertilizer) in the amount of \$ _____.00

Printed Name of President/CEO/Owner _____ Phone # _____

Registrant Name (Name on label): _____

Address: _____

Phone #: _____ Federal Tax ID #: _____

I hereby attest that the information in the application for registration is true, complete and accurate.

(Signature)

(Date)

(Typed/Printed Name of Signer)

(Title)

Submit copy of label(s)

Guaranteed Analysis from Product label

Name of fertilizer & <u>Unit</u> <u>Product</u> <u>Code</u>	Packaged Y or N	Bulk Y or N	Liquid (L) or Dry (D)	Total Nitrogen (Minimum)	Available Phosphate P ₂ O ₅ (Minimum)	Soluble Potash (Minimum)	Other Plant Elements (Minimum)

For Office Use Only

Transaction # _____
Revised 01/07

Check # _____

FRR _____
RFP _____